



DENTAL BOARD OF CALIFORNIA
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TELEPHONE: (916) 263-2300
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www.dbc.ca.gov



Certification of Faculty Practice

The dentist listed below is applying to California for licensure based upon, among other criteria, having been under contract with your educational facility as a full-time faculty member. You are being requested to verify his/her contract.

I hereby certify that _____ ☐ is ☐ was
under contract to teach or practice dentistry as a full-time faculty member for a minimum
of 1,000 hours per year at _____.

Name of dental education program accredited by the ADA Commission on Dental Accreditation

Inclusive dates of full time employment: _____ to _____.

Signature *Date*

Printed Name *Title*

Contact Number

EDUCATIONAL
FACILITY SEAL